

This is a copy of all International Medical Graduate questions.

Medical Training Survey

Thank you for taking time to complete the Medical Training Survey (MTS), which is being conducted for the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (Ahpra).

Survey description

The purpose of the MTS is to collect data from doctors in training to:

- better understand the quality of medical training in Australia,
- identify how best to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The results will be used as a quality improvement tool, to strengthen medical training in Australia. The results of the MTS will be published in the interests of transparency. Specialty and jurisdiction specific reports derived from MTS data may be generated, while assuring participant confidentiality. Stakeholders may apply MTS data to improve medical training in Australia.

The MTS is being administered by EY Sweeney and will take approximately 15 minutes to complete.

[Click here for more information about participation.](#)

How to complete the survey

Use your mouse to "Click" the relevant circles or boxes to mark your selection with a black dot or a tick. Some questions require you to type in your answers.

You may close the survey down and re-enter at the point you left off. To do so, use the link in the email invitation (interns and international medical graduates) or in your confirmation of registration email (all other doctors in training).

Once you have completed all questions on a page you will need to click the "Next" Button to proceed to the next screen. In order for your answers to be sent you must click the "Submit" button at the end of the survey.

Please press **NEXT** to continue.

For access to the EY Sweeney Privacy Policy, click here (<https://eysweeney.com.au/privacy-policy>). For any technical problems with this survey please send an e-mail by selecting on the link that appears at the bottom of each page.

Medical Training Survey

Your part in the MTS

- Participation in the MTS is voluntary. Participants may withdraw from participating in the MTS at any time without providing a reason.
- The MTS asks participants questions about their experience of medical training in Australia.
- You may withdraw from participating in the survey at any time without providing a reason.

The MBA and Ahpra acknowledge that participation in the MTS and reflections on medical training might cause discomfort or even distress. For this reason participants may skip questions and proceed to the next question.

Privacy information

Any information collected in the MTS will be treated confidentially and anonymously, and in accordance with the *Privacy Act 1988* (Cth) and the Health Practitioner Regulation National Law (the **National Law**). MTS data collected will only be used for the purposes described above.

In completing the MTS, we ask that participants do not provide responses that may identify them or other individuals. Only EY Sweeney team members will have access to individual MTS responses and will take steps to de-identify and MTS data that may identify a participant or another individual. EY Sweeney will only provide the MBA and Ahpra with de-identified reports with aggregated MTS data.

Information participants provide in the MTS will be stored and handled securely. EY Sweeney use a third party provider to store data in the cloud hosted in Australia. The third party provider is subject to obligations to store and handle data in accordance with the *Privacy Act 1988* (Cth) and the National Law.

Ahpra's Privacy Policy explains how participants may access and seek correction of personal information held by Ahpra and the MBA; complain to Ahpra about a breach of their privacy; and how a complaint will be dealt with. For access to Ahpra's Privacy Policy, click here (<https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx>). For access to the EY Sweeney Privacy Policy, click here (<http://eysweeney.com.au/contact-us/privacy-policy>).

Data management

To maintain confidentiality and anonymity of survey responses, the survey is being administered by EY Sweeney an independent and accredited (ISO20252:2019 Market and Social Research Standard) market research agency who is independent of the MBA and Ahpra.

All MTS data is securely stored in Australia in accordance with The Research Society Code of Professional Behaviour, ISO 20252:2019 – Market and Social Research Standard, Australian Data and Insights Association (ADIA) Privacy (Market and Social Research) Code 2014, Australian Privacy Principles of the Privacy Act 1988 (Cth) and ISO 27001-2013 (Certificate for Information Security Management accreditation).

Use and sharing of survey data

The MBA and Ahpra anticipate using the MTS data to:

- provide organisations with MTA result reports, including benchmarking, so they can identify focus areas, develop action plans and improve medical training;
- inform sector-wide strategies and campaigns in response to medical training issues, such as workplace environment and culture, patient safety and poor supervision;
- publicly report on medical training issues; and
- provide stakeholders and the public with data about the quality of medical training.

All reporting will endeavour to protect the identity of individual participants. For example:

- EY Sweeney will take steps to de-identify any MTS data that may identify a participant or another individual; reports will only be provided where 10 or more responses have been received;
- MTS data is provided to stakeholders and the public in accordance with the *Privacy Act 1988* (Cth) and the National Law; and
- EY Sweeney will not provide individual MTS responses to third parties outside of MBA and Ahpra.

Contact

The Ahpra point of contact for this project is MTS@ahpra.gov.au.

For any technical problems with this survey, please contact EY Sweeney via phone on 1800 983 160 or via e-mail at medicaltrainingsurvey@au.ey.com (this email appears at the bottom of each page).

Non-technical queries, such as questions regarding the content of the MTS, queries about participant rights or complaints about the manner in which the MTS is being conducted, should be directed to Ahpra via email at MTS@ahpra.gov.au.

If a participant prefers to direct a complaint to another body, they may contact the membership body for market and social research, The Research Society, on (02) 9566 3100 or you can visit <https://researchsociety.com.au/>.

DEMOGRAPHICS

The questions in this survey focus on your recent experiences as a doctor in training. As this survey is being completed by all doctors in training, please answer the questions in respect to your current situation and stage in your training journey.

<p>Q1. What is your postgraduate year? Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">PGY1</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 01</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY2</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 02</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY3</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 03</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY4</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 04</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY5</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 05</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY6</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 06</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY7</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 07</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY8</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 08</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY9</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 09</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY≥10</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 10</td></tr> </table>	PGY1	<input type="radio"/> 01	PGY2	<input type="radio"/> 02	PGY3	<input type="radio"/> 03	PGY4	<input type="radio"/> 04	PGY5	<input type="radio"/> 05	PGY6	<input type="radio"/> 06	PGY7	<input type="radio"/> 07	PGY8	<input type="radio"/> 08	PGY9	<input type="radio"/> 09	PGY≥10	<input type="radio"/> 10
PGY1	<input type="radio"/> 01																				
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PGY7	<input type="radio"/> 07																				
PGY8	<input type="radio"/> 08																				
PGY9	<input type="radio"/> 09																				
PGY≥10	<input type="radio"/> 10																				
<p>Q2. Are you employed: Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Full time</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Part time</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Casually</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">On leave for most of your current rotation</td><td style="text-align: right; border-bottom: 1px solid black;">TERMINATE 1</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 99</td></tr> </table>	Full time	<input type="radio"/> 1	Part time	<input type="radio"/> 2	Casually	<input type="radio"/> 3	On leave for most of your current rotation	TERMINATE 1		<input type="radio"/> 99										
Full time	<input type="radio"/> 1																				
Part time	<input type="radio"/> 2																				
Casually	<input type="radio"/> 3																				
On leave for most of your current rotation	TERMINATE 1																				
	<input type="radio"/> 99																				

TERMINATE 1:

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors in training who are not on leave for extended periods – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

Throughout the survey, we have used the term “setting” to describe the last place or area where you have practised or trained for at least two weeks. This would normally be your current setting, workplace, placement or rotation, or might be your previous setting, if you have only been practising or training in your current setting for less than two weeks.

<p>Q3. In which state or territory is your current term/rotation/placement based?</p> <p><i>If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.</i></p> <p>Please select one response only.</p>	ACT	<input type="radio"/> 01
	NSW	<input type="radio"/> 02
	NT	<input type="radio"/> 03
	QLD	<input type="radio"/> 04
	SA	<input type="radio"/> 05
	Tas.	<input type="radio"/> 06
	Vic.	<input type="radio"/> 07
	WA	<input type="radio"/> 08
	Outside Australia	TERMINATE 2 <input type="radio"/> 09

TERMINATE 2:

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors who are in Australia for their current placement – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

<p>Q4a. Is your current position in a hospital?</p> <p><i>If you have only been practising or training in your current term/rotation/position or placement for less than two weeks, please consider your previous setting.</i></p>	Yes	<input type="radio"/> 1
	No	<input type="radio"/> 2

<p>ASK IF Q5a=1</p> <p>Q4b. Which hospital do you work at? If you work at more than one hospital, select where you spend most time.</p> <p><i>If you have only been practising or training in your current hospital for less than two weeks, please consider your previous hospital.</i></p> <p>Please type in and select.</p>	PIPE RESPONSES BY FROM STATE LIST Q3	<input type="radio"/> 01
		<input type="radio"/> 02
		<input type="radio"/> 03
		<input type="radio"/> 04
		<input type="radio"/> 05
		<input type="radio"/> 06
	Other	<input type="radio"/> 97
	Do not wish to specify	<input type="radio"/> 98

<p>ASK IF Q4a=1</p> <p>Q4c. Select any additional settings you work in.</p> <p>This question refers to your additional <u>clinical settings/workplace</u>, not your role/rotation/position.</p> <p>ASK IF Q4a=2</p> <p>Q4c. Which settings do you work in?</p> <p>Please select all that apply</p> <p>HOVERTEXT FOR 'SETTING'</p> <p>Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<p>Aboriginal and Torres Strait Islander health service <input type="checkbox"/> 01</p> <p>Aged care facility <input type="checkbox"/> 02</p> <p>Community health service <input type="checkbox"/> 03</p> <p>Correctional services <input type="checkbox"/> 04</p> <p>General practice clinic <input type="checkbox"/> 05</p> <p>Other <input type="checkbox"/> 97</p> <p>Not applicable <input type="radio"/> 98</p>
<p>ASK IF Q4a=2 OR Q4b=97 OR Q4b=98 ELSE PIPE FROM DATABASE</p> <p>Q5. Is your current setting in a...?</p> <p>Please select one response only.</p> <p>HOVERTEXT FOR 'SETTING'</p> <p>Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<p>Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra) <input type="radio"/> 1</p> <p>Regional area (e.g. within or less than 15km from a town with a population of at least 15,000 that is not a capital city) <input type="radio"/> 2</p> <p>Rural area (e.g. more than 15km from the closest town with a population of at least 15,000) <input type="radio"/> 3</p> <p>Do not wish to specify <input type="radio"/> 99</p>
<p>Q6. What is your role in the setting?</p> <p>Please select one response only.</p> <p>HOVERTEXT FOR 'SETTING'</p> <p>Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<p>Intern <input type="radio"/> 1</p> <p>Resident Medical Officer / Hospital Medical Officer <input type="radio"/> 2</p> <p>Principal House Officer <input type="radio"/> 4</p> <p>Career Medical Officer <input type="radio"/> 6</p> <p>Registrar <input type="radio"/> 7</p> <p>Specialist <input type="radio"/> 8</p> <p>Unaccredited Registrar <input type="radio"/> 9</p> <p>Other <input type="radio"/> 97</p>
<p>ASK IF Q6=6</p> <p>Q7. Do you intend to undertake further postgraduate training in medicine?</p>	<p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p>

Q8a. Which area are you currently practising in?
If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.

Please select one response only.

- | | |
|---|--------------------------|
| Addiction medicine | <input type="radio"/> 01 |
| Anaesthesia | <input type="radio"/> 02 |
| Dermatology | <input type="radio"/> 03 |
| Emergency medicine | <input type="radio"/> 04 |
| General practice | <input type="radio"/> 05 |
| Intensive care medicine | <input type="radio"/> 06 |
| Medical administration | <input type="radio"/> 07 |
| Obstetrics and gynaecology | <input type="radio"/> 08 |
| Occupational and environmental medicine | <input type="radio"/> 09 |
| Ophthalmology | <input type="radio"/> 10 |
| Paediatrics and child health (inc. specialties) | <input type="radio"/> 11 |
| Pain medicine | <input type="radio"/> 12 |
| Palliative medicine | <input type="radio"/> 13 |
| Pathology | <input type="radio"/> 14 |
| Physician Adult medicine (inc. specialties) | <input type="radio"/> 15 |
| Psychiatry | <input type="radio"/> 16 |
| Public health medicine | <input type="radio"/> 17 |
| Radiation oncology | <input type="radio"/> 18 |
| Radiology | <input type="radio"/> 19 |
| Rehabilitation medicine | <input type="radio"/> 20 |
| Sexual health medicine | <input type="radio"/> 21 |
| Sport and exercise medicine | <input type="radio"/> 22 |
| Surgery | <input type="radio"/> 23 |
| Other | <input type="radio"/> 97 |

ASK IF Q8a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23

Q8b. If applicable, which subspecialty area are you practising in?

Please select one response only.

Emergency Medicine	[04]
Paediatric emergency medicine	<input type="radio"/> 12
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99
Intensive care medicine	[06]
Paediatric intensive care	<input type="radio"/> 01
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99
Obstetrics and gynaecology	[08]
Gynaecological oncology	<input type="radio"/> 60
Maternal–fetal medicine	<input type="radio"/> 61
Obstetrics and gynaecological ultrasound	<input type="radio"/> 62
Reproductive endocrinology and infertility	<input type="radio"/> 63
Urogynaecology	<input type="radio"/> 64
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99
Paediatrics and child health	[11]
General paediatrics	<input type="radio"/> 06
Paediatric clinical genetics	<input type="radio"/> 07
Community child health	<input type="radio"/> 08
Neonatal and perinatal medicine	<input type="radio"/> 09
Paediatric cardiology	<input type="radio"/> 10
Paediatric clinical pharmacology	<input type="radio"/> 11
Paediatric emergency medicine	<input type="radio"/> 12
Paediatric endocrinology	<input type="radio"/> 13
Paediatric gastroenterology and hepatology	<input type="radio"/> 14
Paediatric haematology	<input type="radio"/> 15
Paediatric immunology and allergy	<input type="radio"/> 16
Paediatric infectious diseases	<input type="radio"/> 17
Paediatric intensive care medicine	<input type="radio"/> 18
Paediatric medical oncology	<input type="radio"/> 19
Paediatric nephrology	<input type="radio"/> 20
Paediatric neurology	<input type="radio"/> 21
Paediatric nuclear medicine	<input type="radio"/> 22
Paediatric palliative medicine	<input type="radio"/> 23
Paediatric rehabilitation medicine	<input type="radio"/> 24
Paediatric respiratory and sleep medicine	<input type="radio"/> 25
Paediatric rheumatology	<input type="radio"/> 26
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99

Pathology	[14]
General pathology	<input type="radio"/> 27
Anatomical pathology (including cytopathology)	<input type="radio"/> 28
Chemical pathology	<input type="radio"/> 29
Haematology	<input type="radio"/> 30
Immunology	<input type="radio"/> 31
Microbiology	<input type="radio"/> 32
Forensic pathology	<input type="radio"/> 33
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99

Physician Adult medicine	[15]
General medicine	<input type="radio"/> 34
Cardiology	<input type="radio"/> 35
Clinical genetics	<input type="radio"/> 36
Clinical pharmacology	<input type="radio"/> 37
Endocrinology	<input type="radio"/> 38
Gastroenterology and hepatology	<input type="radio"/> 39
Geriatric medicine	<input type="radio"/> 40
Haematology	<input type="radio"/> 41
Immunology and allergy	<input type="radio"/> 42
Infectious diseases	<input type="radio"/> 43
Medical oncology	<input type="radio"/> 44
Nephrology	<input type="radio"/> 45
Neurology	<input type="radio"/> 46
Nuclear medicine	<input type="radio"/> 47
Respiratory and sleep medicine	<input type="radio"/> 48
Rheumatology	<input type="radio"/> 49
Not applicable	<input type="radio"/> 98
Prefer not to say	<input type="radio"/> 99

	Radiology	[19]
	Diagnostic radiology	<input type="radio"/> 02
	Diagnostic ultrasound	<input type="radio"/> 03
	Nuclear medicine	<input type="radio"/> 04
	Not applicable	<input type="radio"/> 98
	Prefer not to say	<input type="radio"/> 99
	Surgery	[23]
	General surgery	<input type="radio"/> 50
	Orthopaedic surgery	<input type="radio"/> 51
	Cardio-thoracic surgery	<input type="radio"/> 52
	Neurosurgery	<input type="radio"/> 53
	Otolaryngology – head and neck surgery	<input type="radio"/> 54
	Oral and maxillofacial surgery	<input type="radio"/> 55
	Paediatric surgery	<input type="radio"/> 56
	Plastic surgery	<input type="radio"/> 57
	Urology	<input type="radio"/> 58
	Vascular surgery	<input type="radio"/> 59
	Not applicable	<input type="radio"/> 98
	Prefer not to say	<input type="radio"/> 99

COI

TRAINING CURRICULUM

<p>Q9. How many years have you held registration in Australia?</p> <p>Please select one response only.</p>	1 or less	<input type="radio"/> 01
	2	<input type="radio"/> 02
	3	<input type="radio"/> 03
	4	<input type="radio"/> 04
	5	<input type="radio"/> 05
	6	<input type="radio"/> 06
	7	<input type="radio"/> 07
	8	<input type="radio"/> 08
	9	<input type="radio"/> 09
	10 or more	<input type="radio"/> 10

<p>Q10a. Which pathway are you in?</p> <p>Please select one response only.</p>	Specialist and competent authority pathway	<input type="radio"/>
	Go to Q10b	<input type="radio"/> 01
	Specialist pathway	<input type="radio"/>
	Go to Q10b	<input type="radio"/> 02
	Standard pathway (AMC exam)	<input type="radio"/> 03
	Standard pathway (Workplace based assessment)	<input type="radio"/> 04
	Competent authority pathway	<input type="radio"/> 05
	Short term training pathway	<input type="radio"/> 06
Other	<input type="radio"/> 97	
Unsure	<input type="radio"/> 99	

ASK IF Q10a=1 OR 2

Q10b. Which college(s) did your specialist pathway assessment?

Please select all that apply, up to a maximum of two.

- | | | |
|---|--------------------------|----|
| Australian and New Zealand College of Anaesthetists (ANZCA) | <input type="checkbox"/> | 01 |
| The Australasian College of Dermatologists (ACD) | <input type="checkbox"/> | 02 |
| Australasian College for Emergency Medicine (ACEM) | <input type="checkbox"/> | 03 |
| Australian College of Rural and Remote Medicine (ACRRM) | <input type="checkbox"/> | 04 |
| Australasian College of Sport and Exercise Physicians (ACSEP) | <input type="checkbox"/> | 05 |
| College of Intensive Care Medicine of Australia and New Zealand (CICM) | <input type="checkbox"/> | 06 |
| The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) | <input type="checkbox"/> | 07 |
| Royal Australasian College of Dental Surgeons (RACDS) | <input type="checkbox"/> | 08 |
| The Royal Australasian College of Medical Administrators (RACMA) | <input type="checkbox"/> | 09 |
| The Royal Australasian College of Physicians (RACP) | <input type="checkbox"/> | 10 |
| Royal Australasian College of Surgeons (RACS) | <input type="checkbox"/> | 11 |
| The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) | <input type="checkbox"/> | 12 |
| The Royal Australian and New Zealand College of Psychiatrists (RANZCP) | <input type="checkbox"/> | 13 |
| The Royal Australian and New Zealand College of Radiologists (RANZCR) | <input type="checkbox"/> | 14 |
| The Royal Australian College of General Practitioners (RACGP) | <input type="checkbox"/> | 15 |
| The Royal College of Pathologists of Australasia (RCPA) | <input type="checkbox"/> | 16 |
| Prefer not to say | <input type="checkbox"/> | 97 |
| Unsure | <input type="radio"/> | 99 |

Q11. Do you have a professional development or training plan?

HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'

Developed by you and your supervisor/peer reviewer for your employer/college/MBA

- | | | | |
|-----|------------------|-----------------------|---|
| Yes | Go to Q12 | <input type="radio"/> | 1 |
| No | Go to Q13 | <input type="radio"/> | 2 |

ASK IF Q11=1

Q12. Thinking about your **professional development or training plan**, to what extent do you agree or disagree with the following statements?

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	My plan is helping me to continue to develop as a doctor	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2.	There are opportunities for me to meet the requirements of my plan in my current setting	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3.	I understand what I need to do to meet my plan requirements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4.	My plan is preparing me to be a doctor/specialist in the Australian healthcare system	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5.	My plan is preparing me for future medical practice	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6.	My plan is advancing my knowledge	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

ORIENTATION

In this next section, we would like to know more about your experiences in your workplace.

This would normally be your current setting, workplace, placement or rotation, or might be your previous setting, if you have only been practising or training in your current setting for less than two weeks.

If you have more than one current setting, please consider the setting where you spend the most time.

Q13a. Did you receive an orientation to your setting? HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Yes, a formal orientation	<input type="radio"/> 1
	Yes, but it was largely informal	<input type="radio"/> 2
	No Go to Q14	<input type="radio"/> 3

ASK IF Q13a=1 OR 2 Q13b. How would you rate the quality of your orientation? Please select one response only.	Excellent	<input type="radio"/> 5
	Good	<input type="radio"/> 4
	Average	<input type="radio"/> 3
	Poor	<input type="radio"/> 2
	Terrible	<input type="radio"/> 1

CLINICAL SUPERVISION

In this next section, we would like to know more about the supervision you receive in your setting.

<p>Q14. In your setting, who mainly provides your day-to-day clinical supervision/peer review?</p> <p>Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Specialist (including specialist GP)</td> <td style="text-align: right;"><input type="radio"/> 1</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Registrar</td> <td style="text-align: right;"><input type="radio"/> 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other doctor</td> <td style="text-align: right;"><input type="radio"/> 3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Nurse</td> <td style="text-align: right;"><input type="radio"/> 4</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other</td> <td style="text-align: right;"><input type="radio"/> 5</td> </tr> <tr> <td style="border-bottom: 1px solid black;">I don't have a clinical supervisor/peer reviewer</td> <td style="text-align: right;"><input type="radio"/> 6</td> </tr> <tr> <td style="text-align: right;">Go to Q18</td> <td style="text-align: right;"><input type="radio"/> 6</td> </tr> </table>	Specialist (including specialist GP)	<input type="radio"/> 1	Registrar	<input type="radio"/> 2	Other doctor	<input type="radio"/> 3	Nurse	<input type="radio"/> 4	Other	<input type="radio"/> 5	I don't have a clinical supervisor/peer reviewer	<input type="radio"/> 6	Go to Q18	<input type="radio"/> 6
Specialist (including specialist GP)	<input type="radio"/> 1														
Registrar	<input type="radio"/> 2														
Other doctor	<input type="radio"/> 3														
Nurse	<input type="radio"/> 4														
Other	<input type="radio"/> 5														
I don't have a clinical supervisor/peer reviewer	<input type="radio"/> 6														
Go to Q18	<input type="radio"/> 6														

ASK IF Q14=1 TO 5

Q15. To what extent do you agree or disagree with the following statements?

In my setting, if my **clinical supervisor(s)/peer reviewer(s)** is not available...

Please select one response per row.

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am able to contact other senior medical staff IN HOURS if I am concerned about a patient	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

ASK IF Q14=1 TO 5

Q16. We'd now like you to give a rating for the following statements, with 5 stars indicating 'very good' and 1 star indicating 'very poor'.

In your setting, how would you rate the quality of your **overall clinical supervision/peer review for...**

Please select one response per row.

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

PROGRAMMER NOTE: STAR RATINGS

	1	2	3	4	5	Not applicable
1. Helpfulness	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. Accessibility	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. Regular, INFORMAL feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
4. Regular, FORMAL feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
5. Usefulness of feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
6. Discussions about my goals and learning objectives	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
7. Supporting you to meet your training plan/pathway requirements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
8. Including opportunities to develop your skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
9. Allowing for an appropriate level of responsibility	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
10. Ensuring your work is appropriate to your level of training	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
11. Completing workplace based assessments	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

ASK IF Q14=1 TO 5

Q17. For your setting, how would you rate the quality of your clinical supervision/peer review?

Please select one response only.

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Excellent	<input type="radio"/> 5
Good	<input type="radio"/> 4
Average	<input type="radio"/> 3
Poor	<input type="radio"/> 2
Terrible	<input type="radio"/> 1

SKIP IF Q6=1

Q18. Has your performance been assessed in your setting?

HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Yes	<input type="radio"/> 1
No – but this is scheduled	<input type="radio"/> 2
No – but I would like to be	<input type="radio"/> 3
No – it's not necessary	<input type="radio"/> 4
Unsure	<input type="radio"/> 5

ACCESS TO TEACHING

Q19. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your...

Please select one response per row.

HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

	Yes	No	Not applicable
1. Theoretical knowledge	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Clinical skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Procedural skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Teaching and supervision skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Ethics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Leadership and management	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Communication	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Cultural safety	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Research	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Q20. Thinking about your access to opportunities to **develop your skills**, to what extent do you agree or disagree with the following statements?

In my setting...

Please select one response per row.

HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1. I can access the training opportunities available to me	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. I have to compete with other doctors for access to opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. I have to compete with other health professionals for access to opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

Q21. Thinking about **access to teaching and research** in your setting, to what extent do you agree or disagree with the following statements?

Please select one response per row.

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have access to protected study time/leave	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2.	I am able to attend conferences, courses and/or external education events	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3.	My employer supports me to attend formal and informal teaching sessions	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4.	I am able to participate in research activities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Q22. Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?

My job responsibilities...

Please select one response only.

Never prevent me from meeting my training requirements 1

Rarely prevent me from meeting my training requirements 2

Sometimes prevent me from meeting my training requirements 3

Often prevent me from meeting my training requirements 4

Q23. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?
Please select one response per row.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1. Formal education program	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. Online modules (formal and/or informal)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. Teaching in the course of patient care (bedside teaching)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
4. <u>Team or unit based activities</u> HOVERTEXT Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
5. Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
6. Multidisciplinary meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
7. Simulation teaching	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
8. Access to mentoring	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

Q24. Overall, how would you rate the quality of the teaching sessions? Please select one response only.	Excellent	<input type="radio"/> 5
	Good	<input type="radio"/> 4
	Average	<input type="radio"/> 3
	Poor	<input type="radio"/> 2
	Terrible	<input type="radio"/> 1

WORKPLACE ENVIRONMENT AND CULTURE

Q25. How would you rate the quality of the following in your setting?

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row.

		Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1.	Reliable internet for training purposes	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
2.	Educational resources	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
3.	Working space, such as a desk and computer	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
4.	Teaching spaces	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99

Q26. Thinking about the **workplace environment and culture in your setting**, to what extent do you agree or disagree with the following statements?

HOVERTEXT FOR 'SETTING'

Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Most senior medical staff are supportive	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. My workplace supports staff wellbeing	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. In practice, my workplace supports me to achieve a good work/life balance	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. There is a positive culture at my workplace	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. I have a good work/life balance	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. <u>Bullying, harassment and discrimination</u> by anyone is not tolerated at my workplace	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. <u>Racism</u> is not tolerated at my workplace	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. I am confident that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. I could access support from my workplace if I experienced stress or a traumatic event	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. I have access to flexible working arrangements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Q27a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Please select all that apply per column.

PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

* Australian Human Rights Commission (AHRC) (2014) *Workplace discrimination, harassment and bullying*, www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying

** Racial Discrimination Act <https://humanrights.gov.au/quick-guide/12083>

	1) Experienced	2) Witnessed
1. Bullying <i>The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.*</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Harassment <i>Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Discrimination <i>Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender or sexual orientation.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Racism <i>Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.**</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 4
98. None of the above	<input type="radio"/> 98	<input type="radio"/> 98

SHOW BELOW Q27a: *If you need to access support for your health, contact your GP or visit www.drs4drs.com.au for information on services in your area.*

SHOW IF Q27a.1=1|2|3|4 OR Q27a.2=1|2|3|4

Q27b. Who was responsible for the bullying, harassment, discrimination and/or racism that you experienced/witnessed...

Please select all that apply.

	1) Experienced	2) Witnessed
1. Senior medical staff (e.g. consultants, specialists)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Medical colleague (e.g. registrar or other doctors in training)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Nurse or midwife	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Other health practitioner	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Hospital management/administrative staff	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Patient and/or patient family/carer	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7
99. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q27b.1=1|2|3|4|5|7 OR Q27b.2=1|2|3|4|5|7

Q27c. The person(s) responsible was...
Please select all that apply.

	1) Experienced	2) Witnessed
1. In my team	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. In my department but not in my team	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. From another department	<input type="checkbox"/> 3	<input type="checkbox"/> 3
99. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q27c.1=1|2 or Q27c.2=1|2

Q27d. Was the person(s) one of your supervisors?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2
3. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q27a.1=1|2|3|4 OR Q27a.2=1|2|3|4

Q28e. Have you reported it?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2

SHOW IF Q28e.1=2 OR Q28e.2=2

Q28i. What prevented you from reporting?
Please select all that apply.

	1) Experienced	2) Witnessed
1. Lack of processes in place	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Wasn't provided information on how or who to report to	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Concern about repercussions	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Lack of support	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Nothing will be done if I do report it	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. I feel it is not the accepted practice to report it	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7
99. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q27e.1=1 OR Q27e.2=1

Q27f. Has the report been followed-up?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2
3. Unsure	<input type="radio"/> 3	<input type="radio"/> 3

SHOW IF Q27f.1=1 OR Q27f.2=1

Q27g. Are you satisfied with how the report was followed-up?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2
3. Unsure	<input type="radio"/> 3	<input type="radio"/> 3

SHOW IF Q27a.1=1|2|3|4 OR Q27a.2=1|2|3|4

Q27h. How has the incident adversely affected your medical training?
Please select one response

	1) Experienced	2) Witnessed
1. No effect	<input type="radio"/> 1	<input type="radio"/> 1
2. Minor effect	<input type="radio"/> 2	<input type="radio"/> 2
3. Moderate effect	<input type="radio"/> 3	<input type="radio"/> 3
4. Major effect	<input type="radio"/> 4	<input type="radio"/> 4
5. Unsure	<input type="radio"/> 5	<input type="radio"/> 5

Q28. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

PROGRAMMER NOTE: SHOW AT BOTTOM OF QUESTION
If you need to access support for your health, contact your GP or visit www.drs4drs.com.au for information on services in your area.

Yes 1
 No 2
 Unsure 3

Q29. How often do the following adversely affect your wellbeing in your setting?

HOVERTEXT FOR 'SETTING'
 Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row. PROGRAMMER NOTE: SPLIT ACROSS TWO SCREENS

	Always	Most of the time	Sometimes	Never
01. The amount of work I am expected to do	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
02. Having to work paid overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
03. Having to work unpaid overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
04. Dealing with patient expectations	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
05. Dealing with patients' families	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
06. Expectations of supervisors/peer reviewer	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
07. Supervisors/peer reviewer feedback	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
08. Having to relocate for work	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
09. Being expected to do work that I don't feel confident doing	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Limited access to senior clinicians	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Lack of appreciation	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Workplace conflict	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

<p>Q30. How would you rate your workload in your setting?</p> <p>Please select one response only.</p> <p>HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	Very light	<input type="radio"/> 1
	Light	<input type="radio"/> 2
	Moderate	<input type="radio"/> 3
	Heavy	<input type="radio"/> 4
	Very heavy	<input type="radio"/> 5

<p>Q31. On average in the past month, how many hours per week have you worked?</p> <p>HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call Please select one response only.</p>	20 hours or less	<input type="radio"/> 1
	21 – 30 hours	<input type="radio"/> 2
	31 – 40 hours	<input type="radio"/> 3
	41 – 50 hours	<input type="radio"/> 4
	51 – 60 hours	<input type="radio"/> 5
	61 – 70 hours	<input type="radio"/> 6
	71 – 80 hours	<input type="radio"/> 7
	81 – 90 hours	<input type="radio"/> 8
	More than 90 hours	<input type="radio"/> 9

<p>Q32. For any unrostered overtime you have completed in the past, how often did...? Please select one response per row.</p>					
	Always	Most of the time	Sometimes	Never	Not Applicable
1. You get paid for the unrostered overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. Working unrostered overtime have a negative impact on your training	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. Working unrostered overtime provide you with more training opportunities	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

PATIENT SAFETY

<p>Q33. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety? Please select one response only.</p> <p>HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Excellent</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 5</td></tr> <tr><td style="border-bottom: 1px solid black;">Good</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">Average</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">Poor</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Terrible</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> </table>	Excellent	<input type="radio"/> 5	Good	<input type="radio"/> 4	Average	<input type="radio"/> 3	Poor	<input type="radio"/> 2	Terrible	<input type="radio"/> 1
Excellent	<input type="radio"/> 5										
Good	<input type="radio"/> 4										
Average	<input type="radio"/> 3										
Poor	<input type="radio"/> 2										
Terrible	<input type="radio"/> 1										

Q34. Thinking about **patient care and safety** in your setting, to what extent do you agree or disagree with the following statements?
Please select one response per row.

HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I know how to report concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. There is a culture of proactively dealing with concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. I am confident to raise concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. I have received training on how to provide culturally safe care	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

OVERALL SATISFACTION

Q35. Thinking about your setting, to what extent do you agree or disagree with the following statements?
Please select one response per row.

HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I would recommend my current training position to other doctors	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. I would recommend my current workplace as a place to train	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

FUTURE CAREER INTENTIONS

In this next section, we would like to know about your future training and career intentions.

Q36. Do you intend to continue on a pathway to general or specialist registration? Please select one response only.	Yes – general registration	Go to Q37	<input type="radio"/> 1
	Yes – specialist registration	Go to Q37	<input type="radio"/> 2
	No	Go to Q38	<input type="radio"/> 3
	Unsure	Go to Q37	<input type="radio"/> 4

SKIP IF Q36=3

Q37. Thinking about your future career, to what extent do you agree or disagree with the following statements?
Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have an interest in Aboriginal and Torres Strait Islander health/healthcare	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2.	I am interested in rural practice	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3.	I am interested in getting involved in medical research	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4.	I am interested in getting involved in medical teaching	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5.	I am concerned I will not successfully meet my pathway requirements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6.	I am concerned about whether I will be able to secure employment on completing of the pathway	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7.	I am considering a future outside of medicine	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

COVID-19

Q38. We would like to know if and how, COVID-19 has impacted your medical training in 2022.

COVID-19 has impacted my...

	Positively	Negatively	Mixture of positive and negative	Unaffected	Unsure	Not applicable
1. Training opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. Routine teaching	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. Ways of learning	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
4. Access to learning resources	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
5. Exam(s) preparation	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
6. Research opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
7. Progression (e.g. delayed entry, completion of training)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
8. Workload	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
9. Medical training overall	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

ABOUT YOU

Finally, we would like to ask some questions about you. These questions are used in analysis to group responses given by doctors in training with a similar profile.

<p>Q39. Do you identify as...? Please select one response only.</p> <p><i>Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="border-bottom: 1px solid black;">Man or male</td><td style="text-align: right;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Woman or female</td><td style="text-align: right;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Non-binary</td><td style="text-align: right;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right;"><input type="radio"/> 99</td></tr> </tbody> </table>	Man or male	<input type="radio"/> 1	Woman or female	<input type="radio"/> 2	Non-binary	<input type="radio"/> 3	Prefer not to say	<input type="radio"/> 99						
Man or male	<input type="radio"/> 1														
Woman or female	<input type="radio"/> 2														
Non-binary	<input type="radio"/> 3														
Prefer not to say	<input type="radio"/> 99														
<p>Q40. What is your age? Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="border-bottom: 1px solid black;">20 to 24</td><td style="text-align: right;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">25 to 29</td><td style="text-align: right;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">30 to 34</td><td style="text-align: right;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">35 to 39</td><td style="text-align: right;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">40 to 45</td><td style="text-align: right;"><input type="radio"/> 5</td></tr> <tr><td style="border-bottom: 1px solid black;">45+</td><td style="text-align: right;"><input type="radio"/> 6</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right;"><input type="radio"/> 99</td></tr> </tbody> </table>	20 to 24	<input type="radio"/> 1	25 to 29	<input type="radio"/> 2	30 to 34	<input type="radio"/> 3	35 to 39	<input type="radio"/> 4	40 to 45	<input type="radio"/> 5	45+	<input type="radio"/> 6	Prefer not to say	<input type="radio"/> 99
20 to 24	<input type="radio"/> 1														
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40 to 45	<input type="radio"/> 5														
45+	<input type="radio"/> 6														
Prefer not to say	<input type="radio"/> 99														
<p>Q41. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="border-bottom: 1px solid black;">Yes – Aboriginal</td><td style="text-align: right;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Yes – Torres Strait Islander</td><td style="text-align: right;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Yes – Both Aboriginal and Torres Strait Islander</td><td style="text-align: right;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">No</td><td style="text-align: right;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right;"><input type="radio"/> 99</td></tr> </tbody> </table>	Yes – Aboriginal	<input type="radio"/> 1	Yes – Torres Strait Islander	<input type="radio"/> 2	Yes – Both Aboriginal and Torres Strait Islander	<input type="radio"/> 3	No	<input type="radio"/> 4	Prefer not to say	<input type="radio"/> 99				
Yes – Aboriginal	<input type="radio"/> 1														
Yes – Torres Strait Islander	<input type="radio"/> 2														
Yes – Both Aboriginal and Torres Strait Islander	<input type="radio"/> 3														
No	<input type="radio"/> 4														
Prefer not to say	<input type="radio"/> 99														
<p>Q42. In which country did you complete your primary medical degree? Please type in and select.</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>PROGRAMMER NOTE: ADD AUTOCOMPLETE DROP DOWN</p>														

THAT IS THE END OF THE SURVEY – THANK YOU

The survey has been conducted on behalf of the Medical Board of Australia and Ahpra

As a market and social research company, we comply with the requirements of the Privacy Act.

Should you need to contact Ahpra please call them on 1300 419 495.